TRAVEL EXPENSE CLAIM Statement On Reverse Side											Pa	ge	1	ot .		
STD 262 (REV 6/93) (DHS Electronic) CLAIMANT'S NAME						SSAN OR EMPLOYEE NUMBER* DEPART										
John C. Duncan												strial Relations				
POSITION CB/ID NUMBER						Division or bureau Director's Office						INDEX NUMBER				
RESIDENCE ADDRESS						HEADQUARTERS ADDRESS						TELEPHONE NUMBER				
CITY STATE ZIP COD					ODE	455 Golden Gate Avenue, 10th I						STATE ZIP CODE				
Citt			CA ZIF COBE		ODL	San Francisco,						CA		94102		
(1) MONTH/YEAR (3)			(4)	(4) (5) MEALS			(6)	1 \'''				PORTATION		(8)	(9)	
1	2010	LOCATION				O.T., L/T, N/C,	INCIDEN-	(A)	(B)	CA	(C) RFARE	PRIVATI	(D) E CAR USE	BUSINESS	TOTAL	
(2) DATE	TIME	. WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	RELO. OR DINNER	TALS	COST OF TRANS			OLLS RKING		AMOUNT	EXPENSE	EXPENSES FOR DAY	
5		Tiburon to Sacramento;		17.07	2011011		•		PC	Ρ	12.00					
<u></u>	1900	return								Т	4.00	184	92.00		108.00	
6	0700	Tiburon to Sacramento;							PC	P	21.00				447.00	
		return	·						DC	T P	4.00	184	92.00		117.00	
7	0700 1900	Tiburon to Sacramento;							PC	T	20.00 4.00	184	92.00		116.00	
	0700	TIDUION IO SACIAMENTO,				-			PC	P	20.00	184	92.00		116.00	
	1700	return							. •	T	4.00					
10		Tiburon to Oakland Airport							PC							
		to Orange Co./Anaheim										35	17.50	· .	17.50	
11		Orange Co./Anaheim to							PC	P	36.00			,		
		Oakland Airport to Tiburon		6.00					DC.	T P	4.00	35	17.50		63.50	
12	0700 1900	Tiburon to Sacramento; return							PC	- T	18.00 4.00	184	92.00		114.00	
	1400	San Francisco to Oakland							PC	-	4.00	104	32.00		114.00	
20		Aiport to Costa Mesa	90.81			18.00			· •			20	10.00		118.81	
	0700	Ct- Mass														
21	1900	Costa Mesa	90.81	6.00			6.00		Т		10.00				112.81	
22	0730	Costa Mesa to Oakland							PC	P	44.00					
	1130	Airport to San Francisco				-	i	<u> </u>	DC	T P	4.00	20	10.00		58.00	
27	1900	Tiburon to Sacramento	95.58						PC	T	20.00 4.00	92	46.00	-	165.58	
	0700		95.56			<u> </u>			PC	P	4.50	32	40.00		100.00	
28	1900	Sacramento to Tiburon								T	4.00	92	46.00		54.50	
29	0700	Tiburon to Oakland, to San							PC	Р	11.00					
	1300	Francisco								Т	4.00	184	92.00		107.00	
										ļ					:	
(10)				1								-	-	-		
·		OTALS	277.20	12.00		18.00	6.00			<u> </u>	256.50	1398	699.00		1268.70	
		ODE (ACCTG USE ONLY)	<u> </u>					<u> </u>					<u> </u>	64.0	00.70	
CLAIM TOTAL (11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)											•	1398 \$1,268.70				
(11)	20RPC	etings in Sacramento; wo	DETAILS (A rked from	πacn rece	sipts/vouc	ento off	n required The	1)				(12) NO	DRIMAL WO	KK HOURS		
$\frac{1}{1/1}$	0-11: F	resentation to the Worke	rs' Group	Fraud	Confe	ence, A	nahein	1								
1/1	2: mee	tings in Sacramento; wor	ked from	DIR S	acrame	nto offi	ce.					(13) PF	RIVATE VEH	IICLE LICEN	SE NUMBER	
1/20-22: Public Works training seminar, Costa Mesa 1/22: SCIF Board of Director's meeting, San Francisco																
1/27-28: meetings in Sacramento; CALSTARS CODING										(14) MILEAGE RATE CLAIMED						
worked from DIR Sacramento office						AG PCA		#REF! PF		PF	ROJ-WP		\$0.500			
1/29: attended IFDM 2010 Advisor Committee meeting, Oakland				ļ		 		ļ 				AGE	NOV ACC	OUNTIN	GOFFICE	
Committee mooning, ountain												AGENCY ACCOUNTING OFFICE LUSE ONLY				
												PAID BY REVOLVING FUND CHECK NO.				
(15) I HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt																
re	inimum r quireme	ate, I certify that the cost of opera its as prescribed by SAM Section	ating the vel ns 0750, 07	nicle was 51, 0752,	egual to 0753, an	or greater of 0754 pe	tnan the rtaining t	rate claim o vehicle	ed, an safety	d that and s	nave eat belt					
CLAIMANT'S SIGNATURE DATE (16) SIGNATURE, OFFICER APPROVING TRAVEL											MYA4&	ENI	D	ATE		
(17) 8	SPECIAL	EXPENSE AUTHORIZATION - S	SIGNATURI	E AND TI	TLE (See	item 17 ir	n instructi	ons)						D	ATE	

STATE OF CALIFORNIA